

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-29-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90801, 90885, and 90889 billed for date of service 9-17-03 and denied as “A” no preauthorization and “D” reimbursement for unilateral or bilateral procedures is being withheld.

II. RATIONALE

Requestor’s position statement dated ____ states in part, that the reviewer’s response shall address only those denial reasons presented to the requestor prior to medical dispute resolution was filed, and that the response shall not address new or additional denial reasons after the filing of an initial request, and that any new denial reasons raised will not be considered.

Rule 134.600(h) (4) states that all psychological testing and psychotherapy, repeat interviews, and biofeedback require preauthorization, except when any service is part of a preauthorized or exempt rehabilitation program.

Rule 133.304(c) states in part, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as “not sufficiently documented” or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section...”

Respondent did not provide a position statement.

Code 90801 billed for date of service 9-17-03 was denied as “A – preauthorization not obtained.” Psychiatric diagnostic interview does not require preauthorization. Per Rule 134.202 (c)(1) the maximum allowable reimbursement (MAR) is $\$152.70 \times 125\% = \190.87 . Requestor billed \$480.00. Recommend reimbursement of \$190.87.

Code 90885 billed for date of service 9-17-03 was denied as “D – reimbursement for unilateral or bilateral procedures is being withheld as the maximum number of occurrences for a single date of service or maximum lifetime for the claim has been exceeded.” Neither party submitted the original EOB; therefore, this review will be per Rule 134.202.

Section (c) (6) of Rule 134.202 states that services that do not have an established MAR, the carrier shall assign a relative value which may be based on nationally recognized published relative value studies, published commission medial dispute decisions, and values assigned for services involving similar work and resource commitments. Since neither party submitted proof of relative values, no reimbursement can be recommended.

Code 90889 billed for date of service 9-17-03 was denied as “A” – preauthorization not obtained.” Preparation of reports does not require preauthorization per Rule 134.600(h)(4). Therefore this review will be per Rule 134.202 (c)(6). Since neither party submitted proof of relative value, no reimbursement can be recommended.

III. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 90801 in the amount of \$190.87. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit \$190.87 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 3rd day of August 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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